

Chapter 3

PARTICIPATION OF DEPLOYED NAVY OTOLARYNGOLOGISTS IN OPERATION IRAQI FREEDOM AND OPERATION ENDURING FREEDOM

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The roles of Navy otolaryngologists in Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF) span the continuum of responsibilities assumed by Navy Medicine during these wars. The roles largely can be broken down into administrative, operational, and clinical responsibilities.

In the administrative category, otolaryngologists have served as regional trainers for local military and civilian medical care personnel, regional coordinators for military resources, and aides to flag officer staffs in both Iraq and Afghanistan. In addition, Navy personnel served as officer in charge of medical units in Iraq, Afghanistan, and Kuwait. Navy otolaryngologists also were in charge of units at Landstuhl Regional Medical Center and a temporary evacuation hospital in Rota, Spain.

In the operational arena, Navy otolaryngologists served as the Marine Expeditionary Force surgeon on two different occasions during OIF. In this role the otolaryngologist served as the highest ranking marine medical officer in theater, coordinating activities of all Navy assets in support of the Marines while working directly for the senior marine flag officer in theater.

Clinically, Navy otolaryngologists served in a variety of roles in OIF and OEF. On several occasions otolaryngologists served in surgical billets at Role 2 Marine assets in theater. In this role, the otolaryngologist stabilized patients with acute head and neck trauma, assisted on other surgical cases, and performed primary work on many soft tissue injuries. The otolaryngologist deployed in this role often ran an ear, nose, and throat (ENT) clinic for individuals in theater. Importantly, otolaryngologists were often primary assets for treating individuals with traumatic brain injury (in which dizziness and hearing loss are among the most common complaints). Records from the occasions in which otolaryngologists served in this role indicate that the otolaryngologist was the busiest medical provider (in terms of patient encounters) on most of these deployments. Because Navy otolaryngologists perform an operational tour between internship and residency, the Navy has a generation of young otolaryngologists (many just finishing residency or early in their first staff tours) who served as battalion surgeons in theater. Battalion surgeons were

embedded with a Marine infantry battalion at Role 1 medical assets, providing comprehensive battlefield medical care and very early trauma stabilization (the individuals who filled these billets were not yet trained as otolaryngologists, but many started otolaryngology residencies immediately after this service). On rare occasions, otolaryngologists who were already board certified were called upon to serve as battalion surgeons or flight surgeons in theater. In all cases, these otolaryngologists had to expand their scope of practice to perform these roles. An additional unique clinical role for Navy Medicine was to deliver detainee ENT care at the Joint Military Detention Center at Guantanamo Bay, Cuba, performing a variety of specific duties.

A final role for Navy otolaryngology in theater was to perform or supervise research approved by an institutional review board. Navy otolaryngology is responsible for the single largest placebo-controlled research trial conducted in Iraq, a study that demonstrated a dramatically positive effect for a medical countermeasure for blast-induced traumatic brain injury. This study showed that a safe medicine that has been in use in US hospitals for over 40 years can dramatically reduce the incidence of neurosensory side effects at 7 days when compared to placebo.¹

Navy medical officers continue to serve in a variety of roles. In Navy jargon these are referred to as “blue side” (Navy duty) and “green side” (Marine Corps duty). The blue side duties in OIF and OEF include the roles as officer in charge at Landstuhl, Kuwait, and Rota, as well as the work at Guantanamo Bay. Navy otolaryngologists were more frequently deployed as green side assets in both OIF and OEF and performed the range of duties from battalion surgeon to Marine Expeditionary Force surgeon and all roles in between. While carrying a heavy clinical caseload and producing ground-breaking medical research, Navy otolaryngologists also often worked directly in the battlefield with the Marines in hot spots in both Iraq and Afghanistan. Navy otolaryngologists were also attached as medical assets in US Army billets in OIF and OEF. In this capacity, Navy otolaryngologists filled administrative or clinical roles and aided the Army in providing the needed number of medical professionals.

REFERENCE

1. Hoffer ME, Balaban C, Slade MD, Tsao JW, Hoffer B. amelioration of acute sequelae of blast induced mild traumatic brain injury by N-acetyl cysteine: a double-blind, placebo controlled study. *PLoS ONE*. 2013;8(1):e54163. doi:10.1371/journal.pone.0054163.